



Corres. and Mail
BOX AF

AF | 2879

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2879, Expedited Procedure

In re Reissue Application of:

SEISHIRO YOSHIOKA ET AL.

Application No.: 09/384,326

Filed: August 26, 1999

For: FLAT PANEL DISPLAY INCLUDING
ELECTRON EMITTING DEVICE

Docket No. 03500.005745.36

Examiner: M. Day

Group Art Unit: 2879

Date: June 12, 2002

RECEIVED
JUN 17 2002
TC 2800 MAIL ROOM

THE COMMISSIONER FOR PATENTS
BOX AF
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment after final rejection in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS IN EXCESS OF TWENTY AND ALSO IN EXCESS OF THE NUMBER OF CLAIMS IN THE ORIGINAL PATENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	48	MINUS	** 30	= 18	x \$9 \$18	\$ 324.00
INDEP. CLAIMS	3	MINUS	*** 5	= 0	x \$42 \$84	0.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$324.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 324.00 is enclosed.

Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

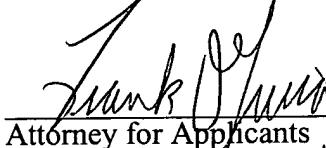
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ _____ to cover the fee for a ___-month extension is enclosed.

A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
263653v1